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APPLICATION NO.	Name (P FILING DATE	· · · · · · · · · · · · · · · · · · ·	Signature FIRST NAME		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/825,582 TITLE OF INVENTION: M	04/14/2004 ETHOD AND DEVICE FO	R CALCULATIN		Fischer OF AN EXPONENTIATION	20193/0201145-US0 N	8183
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	02/07/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
MALZAHN, DAVID H		2193 708-277000		_		
1. Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app Γa substitute	(print or type) Rec. 8 ear on the patent. If an assig for filing an assignment. EE: (CITY and STATE OR CO	1/24/04 R/F: Conce is identified below, the dispuntation	015081/0215 ocument has been filed for
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XXIssue Fee XXPublication Fee (No small entity discount permitted)			Ab. Payment of Fee(s): X A check in the amount of the fee(s) is enclosed. \$1700.00 Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number 04-0100 (enclose an extra copy of this form).			
a. Applicant claims SN	AALL ENTITY status. See	37 CFR 1.27.		ant is no longer claiming SMA	LL ENTITY status. See 37 CI	FR 1.27(g)(2).

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